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| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/803146              |           |
|   | Filing Date          | March 17, 2004         |           |
|   | First Named Inventor | NJ BRITTEN             |           |
|   | Art Unit             | 1614                   |           |
|   | Examiner Name        | NOT YET ASSIGNED       |           |
| Total Number of Pages in This Submission  | 3                    | Attorney Docket Number | 01559.US1 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br><b>COMMUNICATION TO EXAMINER</b> |
| Remarks <span style="float: right;"> <b>RECEIVED</b><br/> <b>CENTRAL FAX CENTER</b><br/> <b>OCT 12 2004</b> </span>   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | Pharmacia & Upjohn Company, TIMOTHY J. GUMBLETON REG. 54,143 |
| Signature                                  | <i>Timothy Gumbleton</i>                                     |
| Date                                       | Oct 11, 2004   |

| CERTIFICATE OF TRANSMISSION/MAILING   |                            |
|---|----------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                            |
| Typed or printed name   | VALERIE L. SCHIPPER        |
| Signature   | <i>Valerie L. Schipper</i> |
| Date  | 10/12/2004                 |

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**PATENT**/Docket No. 01559.US1

Serial No. 10/803146

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1614  
Examiner : Not Yet Assigned  
Applicant(s) : NJ Britten, NA Waldron, JL Watts, JW Hallberg, JW Burns  
Serial Number : 10/803146  
Filed : 03/17/2004  
For : DISPERSIBLE FORMULATION OF AN ANTI-INFLAMMATORY AGENT

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OCT 12 2004

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## COMMUNICATION TO EXAMINER

Sir:

Applicants wish to bring to Examiner's attention the applications listed in the table below. They are all assigned to Pfizer or one of its subsidiaries and contain claims or disclosure related to formulations or indications of ceftiofur.

|    | Serial Number | Title   |
|----|---------------|---|
| 1. | 10/380228     | Pharmaceutical Composition Having Modified Carrier  |
| 2. | 10/704989     | Pharmaceutical Composition Having Modified Carrier  |
| 3. | 10/393098     | Cyclooxygenase-2 inhibitor and antibacterial agent combination for intramammary treatment of mastitis |
| 4. | 10/393267     | Parenteral Combination Therapy for Infective Conditions   |
| 5. | 10/706255     | Pharmaceutical Composition Having Modified Vehicle  |
| 6. | 10/687986     | Dispersible Pharmaceutical Compositions   |
| 7. | 10/795191     | Dispersible Pharmaceutical Compositions For Treatment of Mastitis and Otic Disorders                  |
| 8. | 10/903662     | Dispersible Pharmaceutical Compositions For Treatment of Mastitis and Otic Disorders                  |
| 9. | 10/909050     | Dispersible Formulation of An Anti-Inflammatory Agent   |

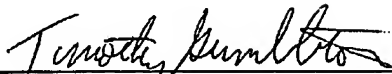
FORM PTORSP  
Rev. 5/1/03

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Respectfully submitted,



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Date: Oct 11, 2004

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